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To: U.S. Patent and Trademark Office – From: Christian R. Andersen
MAIL STOP: Amendment Specialist – Intellectual Property
Examiner: D. M. Nguyen
Group Art Unit: 2643
Confirmation No.: 5075

Fax: 571-273-8300 Pages
with 13
Cover:


FORMAL SUBMISSION OF:

- 1) Transmittal Letter, and
- 2) Response to Final Office Action Pursuant To 37 C.F.R. § 1.116.

Title: AUTOMATED TELEPHONE LINE TEST APPARATUS WITH
INTELLIGENT DIAGNOSTIC FUNCTION
Serial No. 10/653,601
Filing Date: September 2, 2003
First Named Inventor: Robert J. LYSAGHT
Atty. No. 00-20.59DIV 1
Customer Number: 32127

CERTIFICATE OF FACSIMILE TRANSMISSION

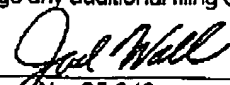
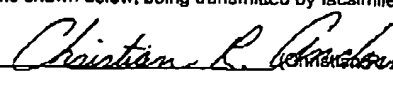
I hereby certify that the above-referenced documents are facsimile transmitted to the Patent and Trademark Office on the date shown below:


Christian R. Andersen

Date of Transmission: May 3, 2006

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AMENDMENT TRANSMITTAL LETTER				Docket No. 00-20.59DIV1	
Application No. 10/653,601-Conf. #5075		Filing Date September 2, 2003		Examiner D. M. Nguyen	
				Art Unit 2643	
Applicant(s): Robert J. Lysaght et al.					
Invention: AUTOMATED TELEPHONE LINE TEST APPARATUS WITH INTELLIGENT DIAGNOSTIC FUNCTION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	5	- 20 =	0	x	
Independent Claims	3	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-2347</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Joel Wall, Reg. No. 25,648 VERIZON CORPORATE SERVICES GROUP, INC. c/o Christian R. Andersen 600 Hidden Ridge, Mailcode HQE03H14 972-718-4800				Dated: <u>May 3, 2006</u>	
CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))					
I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 571-273-8300.					
Dated: May 3, 2006		Signature:  (Christian R. Andersen)			

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Docket No.: 00-VE20.59DIV1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Robert J. Lysaght et al.

Application No.: 10/653,601

Art Unit: 2643

Filed: September 2, 2003

Examiner: D. M. Nguyen

For: AUTOMATED TELEPHONE LINE TEST
APPARATUS WITH INTELLIGENT
DIAGNOSTIC FUNCTION

RESPONSE TO FINAL OFFICE ACTION PURSUANT TO 37 C.F.R. §1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated March 3, 2006, Applicants respectfully request reconsideration in view of the following remarks.

The Pending Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.